

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G28656** (8)
1. Corporation Name
GRECIAN DELIGHT INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB - 1 AM 10: 38

Principal Place of Business Mailing Address
3291 SUNRISE BLVD. FT. LAUDERDALE FL 33024 US
8451 NW 16TH ST. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/17/1983		01/25/1994	
22		27		4. FEI Number		Applied For	
23		28		59-2278597		Not Applicable	
24		25		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
31		32		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PRATTAS, LAURA 8451 NW 16TH ST. PEMBROKE PINES FL 33024				81 Name LAURA PRATTAS 82 Street Address (P.O. Box Number is Not Acceptable) 845 SW 174 TERRACE 83 PEBROKE PINES 84 City 85 Zip Code FL 33029			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATTAS, NICKOLAS	1.2 NAME	PRATTAS NICKOLAS
STREET ADDRESS	8451 NW 16TH ST.	1.3 STREET ADDRESS	845 SW 174TH TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	STD	2.1 TITLE	PRATTAS LAURA STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATTAS, LAURA	2.2 NAME	845 SW 174TH TERRACE
STREET ADDRESS	8451 NW 16TH ST.	2.3 STREET ADDRESS	PEMBROKE PINES FL 33029
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LAURA PRATTAS *Laura Prattas* 1/24/95 (305) 431-7521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)